



Division of Health Care Finance and Policy

FY 2005 Hospital Summary Utilization Data Files

**Massachusetts Acute Hospital
Inpatient Discharge, Outpatient Observation,
and Cost Report Information**

User Manual and Documentation

**Updated
July 2007**

FY 2005 Hospital Summary Utilization Data Files

Massachusetts Acute Hospital Inpatient Discharge, Outpatient Observation, and Cost Report Information

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I. Introduction

The Division of Health Care Finance and Policy (DHCFP) releases the Hospital Summary Utilization Data Files (formerly known as the PC Product) in an on-going effort to improve the delivery and financing of health care in Massachusetts by disseminating accurate health care data for use by purchasers, health providers, policymakers and the public. This latest version is based on data from the FY 2005 Hospital Inpatient Discharge database, and from the Massachusetts hospitals' annual DHCFP-403 hospital cost report, for FY 2005. In addition, Outpatient Observation discharge data is included. This observation data was first provided in the FY 2002 product.

Features of this year's data files include:

- The Division ran a number of files using the CMS DRG Grouper, Version 23 software, in addition to the previously used version 3M™ All Patient DRG Grouper, Version 18.0. Files affected by this change included CM01, CM02, CM03, CM06, CM07 and CM08.
- In several files containing outpatient observation discharge data, information on inpatient discharge volume has also been included to enable comparative analysis. Observation data has been classified in several files using the Clinical Classification Software (CCS) categories developed by the Agency for Healthcare Research and Quality (AHRQ).
- The field naming convention originally implemented with the 2002 product to assist with labeling data from multiple case mix databases has again been incorporated into the data files (see Section IV).
- The use of a permanent, Division-specific organization ID to identify hospitals and campus locations has been included. This field is denoted as "Orgid".
- The most up-to-date hospital discharge/observation data and desk reviewed DHCFP-403 cost report data is included from the Division's FY 2005 databases.
- Discharge data by Major Diagnostic Category (MDC) continues to be provided. The CM3 file provides statewide information by MDC and includes data on volume, mean and median charges per MDC and length of stay. CM8 includes hospital-specific MDC information.

The information contained in the data files may be used to review baseline utilization and service data for Massachusetts' hospitals statewide or to analyze utilization and service data for specific hospitals relative to their peers. The data files encompass a wide variety of hospital statistics including Mean Length of Stay and Mean Charges per DRG, Hospital Volume and Bed Size, Payer Source and Patient Origin, etc. The files contained in this dataset are provided in an Excel (*.xls) database format.

The Division welcomes comments and suggestions for improvement to the content of this product. Any inquiries or comments may be directed to Bennett Locke, Health Data Operations Group, Division of Health Care Finance and Policy, 2 Boylston Street, Boston, MA 02116 (by phone, 617-988-3144, or by e-mail, ben.locke@state.ma.us).

FY 2005 Hospital Summary Utilization Data Files

II. File Information

This year's Hospital Summary Utilization Data Files include:

| FILE NAMES | SIZE (Bytes) | RECORDS (including title) | GENERAL FILE CONTENT |
|--|-----------------|---------------------------------|--|
| CM01_2005_DRG Information_AP-DRG18 | 156,160 | 649 | Discharges, Charges and LOS by Diagnosis Related Group (DRG) |
| CM01_2005_DRG Information_CMS-DRG23 | 128,512 | 523 | |
| CM02_2005_DRG Descriptions_AP-DRG18 | 84,480 | 654 | List of DRG Descriptions |
| CM02_2005_DRG Descriptions_CMS-DRG23 | 71,168 | 527 | |
| CM03_2005_MDC Information_AP-DRG18 | 24,064 | 27 | Discharges, Charges and LOS by Major Diagnostic Category (MDC) |
| CM03_2005_MDC Information_CMS-DRG23 | 23,552 | 27 | |
| CM04_2005_MA_Case Mix Indices_AP-DRG18 | 32,768 | 82 | Case Mix Index, Discharges, and Case Mix Adjusted Discharges by Hospital |
| CM05_2005_Hospital Utilization | 30,720 | 84 | Discharges, Patient Days, LOS, and Charges by Hospital |
| CM06_2005_Top 20 Payers_Top 10 DRGs By Hosp_AP-DRG18 | 3,941,888 | 15,115 | Top 20 Payer Sources, Payer Discharges and Rank, Payer DRG Discharges and Mean LOS for Payer's Top 10 DRGs |
| CM06_2005_Top 20 Payers_Top 10 DRGs By Hosp_CMS-DRG23 | 3,906,048 | 14,970 | |
| CM07_2005_Top 20 DRGs By Hosp_AP-DRG18 | 456,704 | 1,645 | Discharges, Charges, and LOS for the Top 20 DRGs by Hospital |
| CM07_2005_Top 20 DRGs By Hosp_CMS-DRG23 | 451,584 | 1,631 | |
| CM08_2005_MDC By Hospital_AP-DRG18 | 513,536 | 1,893 | Discharges, Charges, LOS, and Patient Days for Each MDC by Hospital |
| CM08_2005_MDC By Hospital_CMS-DRG23 | 511,488 | 1,886 | |
| CM09_2005_Top 40 Zip Codes | 608,256 | 3,686 | Top 40 Zip Codes and Associated Discharges by Hospital |

FY 2005 Hospital Summary Utilization Data Files

II. File Information

| FILE NAMES | SIZE (Bytes) | RECORDS (including title) | GENERAL FILE CONTENT |
|---|-------------------------|--|--|
| CM10_2005_403 Stats Revenue Cost | 50,688 | 67 | Cost Report Data Including Beds, Patient Days, Occupancy, Admissions, Revenue, Expense, Observation Bed Hours and Days, and Observation Expenses and Revenue by Hospital |
| CM11_2005_403 Payer Utilization | 53,248 | 67 | Cost Report Data Including Patient Days, Admissions, Discharges and Visits for Major Payor Types by Hospital |
| CM12_2005_403 Service Utilization | 50,688 | 67 | Cost Report Data Including Patient Days for Various Inpatient Services, Outpatient Visits and Observation Bed Statistics by Hospital |
| CM13_2005_Outpt Observ CCS Information | 79,872 | 257 | Outpatient Observation Visits by CCS Category, Associated Charges and LOS. Includes Inpatient Discharges by CCS Category for comparison purposes. |
| CM14_2005_CCS Descriptions | 39,424 | 260 | List of CCS Descriptions |
| CM15_2005_Outpt Observ Utilization By Hosp | 33,792 | 78 | Outpatient Observation Visits, Hours, LOS, and Charges by Hospital. |
| CM16_2005_Outpt Observ Top 20 Payers_Top 10 CCS By Hosp | 3,169,280 | 12,339 | Top 20 Payer Sources for Outpatient Observation, Related Payer Visits and Rank, Charges, and Mean LOS for Top 10 CCS Categories by Hospital |
| CM17_2005_Outpt Observ Top 20 CCS By Hosp | 499,200 | 1,636 | Outpatient Observation Visits, Charges, and LOS for the Top 20 CCS Categories by Hospital |
| CM18_2005_Outpt Observ Top 40 Zip Codes | 462,336 | 2,777 | Top 40 Zip Codes, Rank, and Associated Outpatient Observation Visits by Hospital |
| CM19_2005_Field Description Listing By File | 60,928 | 426 | Listing of Fields in Each File |

III. General Documentation

Overview:

The Hospital Summary Utilization Data Files include data from the FY 2005 Hospital Inpatient Discharge database, and the Division's FY 2005 Outpatient Observation database. They also includes selected data elements from the FY 2005 hospital cost reports (DHCFP-403) which have been desk reviewed in conjunction with a review of the hospital audited financial statements. The data files include both statewide and hospital-specific aggregate data.

Hospital Discharge Data:

The complete inpatient hospital discharge database contains case-specific discharge data, which includes both clinical data (such as medical reason for admission, treatment and services provided to the patient, and duration and status of the patient's stay in the hospital), and demographic data (such as sex, race, and patient zip code). Expected payer and charge data is also included. Files CM1, CM3, CM4, and CM5 through CM9 contain selected, aggregate inpatient discharge data.

Note that the majority of the inpatient data included in this product is based on cleaned data that was stored in the Division's data warehouses for FY 2005. Inpatient discharge data was made available in May 2006, and the outpatient observation data in August 2006. Note that data used for the determination of case mix indices may be cut at a different time.

Discharge data submitted from these hospitals covers the period 10/1/04 through 9/30/05. Please see Appendix A for the list of all hospital sites included in the FY 2005 discharge database.

Outpatient Observation Data:

The Division began collecting Outpatient Observation data in response to increasing migration of hospital care to the outpatient observation setting from the traditional inpatient setting. Outpatient Observation patients are observed, evaluated, and treated, if necessary, before they are discharged from the hospital. Observation data includes data for patients who receive outpatient observation services and are not admitted to the hospital. Similar to inpatient data, outpatient observation data is filed quarterly, and the submission requirements are detailed in regulation 114.1 CMR 17.08. Files containing observation data for FY 2005 include CM13, CM15, CM16, CM17 and CM18.

Outpatient Observation data submitted from these hospitals covers the period 10/1/04 through 9/30/05. Please see Appendix A for the list of all hospital sites included in the FY 2005 discharge database.

III. General Documentation

Hospital Cost Report Data for Fiscal Year 2005:

The *DHCFP-403* is the annual hospital cost report filed by Massachusetts hospitals 120 days after the fiscal year end. It includes revenue, costs and utilization statistics. This data undergoes a desk review*, and includes a reconciliation with the audited financial statements of each provider. The three files which include cost report data are CM10, CM11 and CM12.

Over 150 cost report fields have been included in these three files, and include: inpatient and outpatient costs and charges, an overall inpatient hospital cost-to-charge ratio, beds, patient days and outpatient visits by service, and patient days, discharges, and outpatient visits by payer, etc. Beginning with FY 2002 data, these files have been expanded to include information on observation services. New fields include observation hours, bed days, visits by payer, expenses and gross patient service revenue.

The 403 data files contain data from 66 hospitals. Ten submitted a single filing, consolidated for all related sites. Please refer to the chart below. Kindred Hospital Boston and Kindred Hospital North Shore are not included in the three 403 cost report data files since they are not short-term acute care hospitals.

The following table lists the sites that are included in the various cost reports:

| DHCFP-403 Filer | Hospital ID | Org ID | Sites Represented in 403 Cost Reports |
|-------------------------------|--------------------|---------------|---|
| Berkshire Medical Center | 2313 | 7 | Berkshire and Hillcrest |
| Boston Medical Center | 2307 | 144 | East Newton and Harrison Avenue (i.e. BCH & University) |
| Cambridge Health Alliance | 2108 | 27 | Cambridge, Somerville, and Whidden |
| Hallmark Health Systems | 2038 | 66 | Lawrence Memorial and Melrose-Wakefield |
| Health Alliance Hospital | 2034 | 71 | Burbank and Leominster |
| Mercy Hospital | 2149 | 119 | Springfield and Providence |
| Metrowest Medical Center | 2020 | 49 | Framingham and Leonard Morse |
| Northeast Health Systems | 2007 | 110 | Beverly and Addison-Gilbert |
| Southcoast Health Systems | 2010 | 124 | Charlton, St Luke's, and Tobey |
| UMass Memorial Medical Center | 2841 | 131 | UMass and Memorial |

Note: Beth Israel Deaconess Medical Center files separate 403 cost reports for its Boston location and its Needham location.

Kindred Hospital Boston and Kindred Hospital North Shore are not included in the three 403 cost report data files since they are not short-term acute care hospitals.

III. General Documentation

Definitions and General Data Caveats:

- Case Mix Indices Data: Hospital-specific case mix indices provide a general measure of case mix intensity. The indices can be useful in comparing differences in patient complexity and resource use among hospitals. Note that Total Discharges in the Case Mix Indices file only include discharges that could be grouped into DRGs. As a result, the total discharges per hospital in the indices file (CM4) may be slightly less for some hospitals when compared with the total discharges reported in the other files.
- Charge Information: Charges reported represent the amount billed by the hospitals and do not represent either the actual costs of providing services nor the actual payment by third parties to the hospital for services due to negotiated discounts or contracted arrangements.
- Clinical Classification Software: DRG classification systems are traditionally applicable to the inpatient setting, and therefore cannot be used for grouping outpatient observation records. In order to classify the outpatient observation data included in the data files, the Clinical Classifications Software (CCS) developed by the Agency for Healthcare Research and Quality (AHRQ) was utilized.

CCS classifies ICD-9-CM diagnosis codes into 259 mutually exclusive clinical categories to aid with statistical analysis and reporting. The single level CCS categories are listed in file CM14.

- Cost-to-Charge Ratio: The cost-to-charge ratio is an aggregate ratio for all inpatient hospital services and may not be representative of a particular hospital service or department. Patient care costs are used to calculate the ratios. Cost to charge ratios included in the data files are listed both including and excluding capital expense.
- Data Consistency: Case mix data and 403 data filed by hospitals may vary due to differences in data collection, processing, verification and/or coding practices among hospitals.
- Diagnosis Related Groups (DRGs): In the FY 2005 Hospital Summary Utilization Data Files, DRG data was grouped using the All Patient DRG Grouper, 3M™ AP-DRG Version 18.0 and the CMS (Centers for Medicare & Medicaid Services) DRG Grouper, Version 23. Version 18.0 includes 600+ DRGs and the CMS Version 23 contains over 500 DRGs. The DRG methodology is based on the patient's principal diagnosis, associated diagnoses, procedures, age, sex, discharge status, and complications and comorbidities.

For federal Medicare reimbursement, the costs of acute care inpatient hospital stays are paid based on prospectively set rates. This system is referred to as the Inpatient Prospective Payment System (IPPS) which categorizes each patient stay into a DRG. The CMS Grouper Version 23 software is utilized to create the DRGs for this payment system.

III. General Documentation

Definitions and General Data Caveat (Cont'd):

- Filing Status: All discharge data are as-reported by the hospitals and have not been audited by the Massachusetts Division of Health Care Finance and Policy. Hospital DHCFP-403 cost report data for FY 2005 has been desk reviewed by the Division. Data may not be final for all hospitals and is subject to future revision. Discharge data may include both accepted and unaccepted data.
- Hospital Case Mix Data: Refers to case specific, comprehensive patient-level information which includes demographic, clinical, and charge data from acute care hospital discharges and outpatient observation stays in Massachusetts.
- Major Diagnostic Category (MDC): MDCs include 25 major categories, where each MDC is based on a single major body system or etiology. The grouping of ICD-9-CM codes by MDC is the first step in assigning DRGs. MDCs are useful in aggregating DRGs into major categories. A complete list of MDC categories is contained in Appendix E.
- Organization ID: A unique facility number assigned by the Division of Health Care Finance and Policy.
- Outpatient Observation Data: Includes data for patients who received outpatient observation services and were not admitted to a hospital. Observation services are those furnished on a hospital's premises which are reasonable and necessary to evaluate the patient's condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital physician, nurse and other staff members.
- Payer Data: Payer data refers to the expected source of payment. Payer Source identifies the specific health plan (such as Tufts Associated Health Plan or Aetna Life Insurance), while Payer Type refers to the general payer category (such as HMO or Commercial). This dataset includes the top 20 *primary* payer sources by hospital. Note that the top 20 payer sources will not reflect *all* payer sources at a given hospital where the hospital has more than 20 payers. In addition, for the top 10 DRGs, those DRGs with the same number of discharges will be displayed in numerical order by DRG. In cases where less than two patient records exist for a DRG, the name of the DRG is withheld. Caution is recommended when comparing payer sources across hospitals due to possible inconsistencies in hospital reporting. For instance, health plans with multiple products may be subject to hospital miscoding. Also, an inaccurate payer code may be reported if a change in patient coverage is determined after discharge.
- Source Data and Reporting Method: Hospital discharge data for each quarter is based on the date of patient discharge; 403 hospital cost report data is reported on an accrual basis.
- ZIP Codes: ZIP Codes reflect patient origin, not the hospital's zip code.

IV. Field Naming Convention

For FY 2005, the Hospital Summary Utilization Data Files include data from multiple sources, including data from both the Hospital Inpatient Discharge Database and from the hospital Outpatient Observation database. In order to effectively label data from these multiple sources, it was necessary to standardize field names across the data files. This naming convention methodology was first introduced in the FY 2002 product to be used as new data sources are added.

There are two categories of fields used in the data files: original fields from the data source and fields that need to be calculated.

The following new field structure has been employed: **DS_SC_CT_QT**, where:

DS: Data Source

Inp = Inpatient Discharges
Obs = Outpatient Observation Visits

SC: Scope

Primary:

Stw = Statewide
Hos = Hospital
Drg = Diagnosis Related Group
Mdc = Major Diagnostic Category
Ccs = Clinical Classification Software Category
Pay = Payer
Zip = Zip Code

Derivative:

StwDrg = Statewide Hospital DRG
HosDrg = Hospital DRG
HosMdc = Hospital MDC
HosPayDrg = Hospital Payer DRG
...etc....

CT: Calculation Type

Cnt = Count of Records
Tot = Sum of
Pct = Percent of

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IV. Field Naming Convention

Mean = Mean of....

Med = Median of....

Rank = Rank of

Wgt = Weight (for CM4 only)

QT: Quantitative

Rec = if **CT** = Cnt *

Chg = Charges

Los = Length of Stay

Cmi = Casemix Index (for CM4 only)

Cma = Case mix Adjusted Discharge (for CM4 only)

* If Calculation Type (CT) is equal to “Cnt” (counter), then the Quantitative (QT) value must be equal to “Rec” (record). For example “InpHosPayDrgCntRec” is a count of a payer’s DRG discharges at a hospital.

V. Data File Content Description and Overview

A. Hospital Discharge Data

1. Statewide All Patient Version 18.0 DRG and CMS Version 23 DRG Information

File Contents: These files contain information on DRGs statewide, including Total Discharges by DRG, DRG as a percent of Statewide Discharges, and Mean, Median and Total Charges per Discharge by DRG. It also includes DRG Mean and Median Length of Stay, and Total Discharges Statewide. This information is sorted in numerical order by DRG.

This file can be useful in reviewing the number of patients with a given condition, and the related mean charges and length of stay. The data may be sorted to provide a ranking of the costliest DRGs for use in further analysis or for comparisons to market trends.

Field Names and Descriptions:

| | |
|----------------------------------|---|
| Version: | FY 2005 |
| File Names: | CM01_2005_DRG INFORMATION_AP-DRG18 CM01_2005_DRG INFORMATION_CMS-DRG23 |
| Number of Data Records Per File: | 648 (for AP-DRG18) and 522 (for CMS-DRG23) |
| Number of Fields Per File: | 10 |

| Column | Field Name | Field Description |
|--------|------------------|--|
| A | Drg | Diagnosis Related Group |
| B | DrgDescription | Diagnosis Related Group Description |
| C | InpStwDrgCntRec | DRG Discharges |
| D | InpStwDrgPctRec | Percentage Of Statewide Total Discharges |
| E | InpStwDrgMeanChg | Mean Charge Per Discharge |
| F | InpStwDrgMedChg | Median Charge Per Discharge |
| G | InpStwDrgTotChg | Total Charges |
| H | InpStwDrgMeanLos | Mean Length Of Stay |
| I | InpStwDrgMedLos | Median Length Of Stay |
| J | InpStwCntRec | Statewide Total Discharges For This Period |

FY 2005 Hospital Summary Utilization Data Files

V. Data File Content Description and Overview

A. Hospital Discharge Data

2. All Patient DRG Descriptions

File Contents: These files contain the All Patient Version 18.0 and CMS Version 23 DRGs listed in numerical order accompanied by a description for each DRG.

This file may be used as a reference for looking up a more complete DRG description when using other files that may have only the abbreviated DRG descriptions.

Field Names and Descriptions:

| | |
|----------------------------------|---|
| Version: | FY 2005 |
| File Names: | CM02_2005_DRG DESCRIPTIONS_AP-DRG18 CM02_2005_DRG DESCRIPTIONS_CMS-DRG23 |
| Number of Data Records Per File: | 653 (for AP-DRG18) and 526 (for CMS-DRG23) |
| Number of Fields Per File: | 2 |

| Column | Field Name | Field Description |
|--------|----------------|-------------------------------------|
| A | DrgCode | Diagnosis Related Group |
| B | DrgDescription | Diagnosis Related Group Description |

V. Data File Content Description and Overview

A. Hospital Discharge Data

3. Statewide Information by Major Diagnostic Category

File Contents: These files contain discharge information for all 25 Major Diagnostic Categories (MDCs). This data was obtained by classifying discharges using the 3M™ All Patient Version 18.0 DRG Grouper and the CMS DRG Grouper, Version 23.. Contents include total MDC discharges, percent of statewide total discharges by MDC, Mean, Median and Total Charges by MDC, and Mean and Median Length of Stay by MDC. This information is sorted in numerical order by MDC.

This data enables the user to evaluate statewide counts of the number of patients by MDC, and the associated mean and median charges and length of stay. Also, the data may be sorted to provide a ranking of the costliest MDCs for use in further analysis or for comparisons to market trends.

Field Names and Descriptions:

Version: FY 2005
 File Names: CM03_2005_MDC INFORMATION_AP-DRG18
 CM03_2005_MDC INFORMATION_CMS-DRG23
 Number of Data Records Per File: 26
 Number of Fields: 10

| Column | Field Name | Field Description |
|--------|------------------|--|
| A | Mdc | Major Diagnostic Category (MDC) |
| B | MdcDescription | Major Diagnostic Category Description |
| C | InpStwMdcCntRec | MDC Discharges |
| D | InpStwMdcPctRec | MDC Percentage Of Statewide Total Discharges |
| E | InpStwMdcMeanChg | Mean Charge Per MDC Discharge |
| F | InpStwMdcMedChg | Median Charge Per MDC Discharge |
| G | InpStwMdcTotChg | Total Charges per MDC |
| H | InpStwMdcMeanLos | Mean Length Of Stay per MDC |
| I | InpStwMdcMedLos | Median Length Of Stay per MDC |
| J | InpStwCntRec | Statewide Total Discharges For This Period |

V. Data File Content Description and Overview

A. Hospital Discharge Data

4. Hospital Case Mix Indices: Massachusetts Cost Weights

File Contents: This file contains the Case Mix Index (CMI) for each hospital, Hospital IDs, Hospital Name, Total Discharges by Hospital, and the Total Case Mix Adjusted Discharges (CMADs). This information is generated using Massachusetts cost weights. The CMI is sorted in descending order by hospital. The Statewide Weighted Average CMI is also included in these files. Kindred Hospital Boston and Kindred Hospital North Shore are not included in the calculation of the statewide average case mix index because they are not short-term, general acute-care hospitals.

CMADs are calculated by multiplying an appropriate cost weight (DRG weight) by the number of patient discharges for each DRG. Each hospital's CMI is determined by dividing the total CMADs by the total number of hospital discharges. Please note that this FY 2005 version of the Hospital Summary Utilization Data Files uses the 3M™ All Patient Version 18.0 grouper. Users should be aware that the base year used to calculate the Massachusetts cost weights for V.18.0 grouper is 2004.

Users may utilize this information to compare clinical case mix intensity of service among similar hospitals or peers within hospitals' service area. The data may also be used as baseline data for other specialized types of analyses.

Field Names and Descriptions:

| | |
|-------------------------|--|
| Version: | FY 2005 |
| File Name: | CM04_2005_MA_CASE MIX INDICES_AP-DRG18 |
| Number of Data Records: | 81 |
| Number of Fields: | 7 |

| Column | Field Name | Field Description |
|--------|-----------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | InpHosWgtCmi | Case Mix Index (MA Weights) |
| E | InpHosCntRec | Total Discharges at Hospital |
| F | InpHosWgtCma | Case Mix Adjusted Discharges (MA Weights) |
| G | InpHosStwWgtCmi | Statewide Average Case Mix Index (MA Weights) |

V. Data File Content Description and Overview

A. Hospital Discharge Data

5. Hospital Case Mix Inpatient Utilization

File Contents: This file contains baseline data for each hospital, including the Hospital Name and ID, Total Discharges, Total Patient Days, Mean Length of Stay, and Total Inpatient Charges.

This information may be used to compare providers by patient volume (days and discharges) and length of stay statewide or by region.

Field Names and Descriptions:

| | |
|-------------------------|--------------------------------|
| Version: | FY 2005 |
| File Name: | CM05_2005_HOSPITAL UTILIZATION |
| Number of Data Records: | 83 |
| Number of Fields: | 7 |

| Column | Field Name | Field Description |
|--------|---------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | InpHosCntRec | Hospital Discharges at Hospital |
| E | InpHosTotLos | Hospital Patient Days |
| F | InpHosMeanLos | Mean Length of Stay |
| G | InpHosTotChg | Total Charges |

FY 2005 Hospital Summary Utilization Data Files

V. Data File Content Description and Overview

A. Hospital Discharge Data

6. Top 20 Payer Sources by Hospital with Top 10 DRGs

File Contents: These files contain data on the primary payer source field with specific information on each hospital's top 20 Payer Sources and those payers' top 10 DRGs. DRG information was generated using 3M™ AP-DRG Version 18.0 and the CMS DRG Grouper, Version 23. Data by hospital includes Total Hospital Discharges, Total Discharges and Total Percent for each of the Top 20 Payer Sources. This file also contains the Top 10 DRGs, associated Rank and Discharges for each of the Top Payer Sources. Total Charges and Mean Length of Stay for each of the Top 10 DRGs and Percents of the DRG for the Payer Source and for the DRG at the hospital overall are also included. In addition, in reporting the top 10 DRGs, those with the same number of discharges will be displayed in numerical order by DRG. Note that in cases where less than two patient records exist, the name of the DRG is withheld and the *Drg* field is denoted with “XXX”.

This information may be used to compare payer utilization at each hospital including the volume of major services (DRGs) for each payer at a specific hospital.

Field Names and Descriptions:

Version: FY 2005
File Name: CM06_2005_TOP 20 PAYERS_TOP 10 DRGS BY HOSP_AP-DRG18
CM06_2005_TOP 20 PAYERS_TOP 10 DRGS BY HOSP_CMS-DRG23
Number of Data Records: 15,114 (for AP-DRG18) and 14,969 (for CMS-DRG23)
Number of Fields: 18

| Column | Field Name | Field Description |
|--------|---------------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | InpHosCntRec | Hospital Discharges at Hospital |
| E | Pay | Payer Source Code |
| F | PayerDescription | Payer Source Description |
| G | InpHosPayRankRec | Payer's Rank at Hospital |
| H | InpHosPayCntRec | Payer Discharges at Hospital |
| I | InpHosPayDrgRankRec | Payer Discharge Rank for Payer's Top DRGs |
| J | Drg | Diagnosis Related Group |
| K | DrgDescription | Diagnosis Related Group Description |
| L | InpHosPayDrgCntRec | Payer's DRG Discharges for Top10 DRGs |

V. Data File Content Description and Overview

A. Hospital Discharge Data

6. Payer Source Information by Hospital with Top 10 DRGs (Cont'd)

| Column | Field Name | Field Description |
|--------|---------------------|---|
| M | InpHosDrgCntRec | Number of DRG Discharges at Hospital |
| N | InpHosPayDrgPctRec | DRGs Percent of Payer's Discharges |
| O | InpPayHosDrgPctRec | Payer's Percent of the DRG's Discharges at Hospital |
| P | InpHosPayDrgTotChg | Payer's DRG Charges for Top 10 DRGs |
| Q | InpHosPayDrgMeanLos | Mean Length Of Stay for Payer's Top DRGs |
| R | InpHosPayPctRec | Payer's Percent of Total Hospital Discharges |

V. Data File Content Description and Overview

A. Hospital Discharge Data

7. Hospital's Top 20 DRGs

File Contents: These files include a list of the top 20 DRGs for each hospital, the Hospital Name and ID, the DRG Description, the Number of DRG Discharges, the percent of All Hospital Discharges by DRG, the Hospital-Specific and Statewide Mean and Median Charges per discharge for each DRG, Hospital-Specific and Statewide Mean and Median Length of Stay for the DRG, and the Total Discharges for the hospital overall. DRG information was generated using 3M™ AP-DRG, Version 18 and CMS DRG Grouper, Version 23 software. Note that in cases where less than two patient records exist, the name of the DRG is withheld and the *Drg* field is denoted with “XXX”. This information may be used to compare predominant diagnosis related groups (DRGs) or case mix types and associated charges and lengths of stay among hospitals of similar size and/or same geographic area of the state or to compare a hospital's mean length of stay and mean charge for a given DRG to statewide means.

Field Names and Descriptions:

| | |
|-------------------------|---|
| Version: | FY 2005 |
| File Name: | CM07_2005_TOP 20 DRGS BY HOSP_AP-DRG18 CM07_2005_TOP 20 DRGS BY HOSP_CMS-DRG23 |
| Number of Data Records: | 1,644 (for AP-DRG18) and 1,630 (for CMS-DRG23) |
| Number of Fields: | 16 |

| Column | Field Name | Field Description |
|--------|------------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | InpHosCntRec | Hospital Discharges at Hospital |
| E | Drg | Diagnosis Related Group |
| F | DrgDescription | Diagnosis Related Group Description |
| G | InpHosDrgCntRec | DRG Discharges |
| H | InpHosDrgPctRec | Percentage Of Hospital Discharges |
| I | InpHosDrgMeanChg | Mean Charge Per Discharge for Hospital |
| J | InpHosDrgMedChg | Median Charge Per Discharge for Hospital |
| K | InpHosDrgMeanLos | Mean Length Of Stay for Hospital |
| L | InpHosDrgMedLos | Median Length Of Stay for Hospital |
| M | InpStwDrgMeanChg | Mean Charge Per Discharge Statewide |
| N | InpStwDrgMedChg | Median Charge Per Discharge Statewide |
| O | InpStwDrgMeanLos | Mean Length Of Stay Statewide |
| P | InpStwDrgMedLos | Median Length Of Stay Statewide |

V. Data File Content Description and Overview

A. Hospital Discharge Data

8. Inpatient Utilization Data by Major Diagnostic Category

File Contents: Inpatient discharges were classified into Major Diagnostic Categories (MDCs) using 3M™ AP-DRG, Version 18 and CMS DRG Grouper, Version 23 software. This classification is done by assigning ICD-9-CM diagnoses codes to one of 25 MDCs. Each MDC is based on a single body system or etiology and generally is related to a particular medical specialty with defined interventions and illnesses.

This file may be used to review the use of hospital services by major diagnostic category. It may be used to obtain data on MDC service utilization at an individual hospital, or to compare MDC charges, length of stay and discharges between hospitals of similar types or at distinct geographic locations with the State.

Field Names and Descriptions:

Version: FY 2005
 File Name: CM08_2005_MDC BY HOSPITAL_AP-DRG18
 CM08_2005_MDC BY HOSPITAL_CMS-DRG23
 Number of Data Records: 1,892 for AP-DRG18) and 1,885 (for CMS-DRG23)
 Number of Fields: 18

MDC Category Listing is contained in Appendix E of this manual.

| Column | Field Name | Field Description |
|--------|------------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | InpHosCntRec | Hospital Discharges at Hospital |
| E | InpHosTotLos | Hospital Patient Days |
| F | InpHosTotChg | Total Charges for Hospital |
| G | Mdc | Major Diagnostic Category |
| H | MdcDescription | Major Diagnostic Category Description |
| I | InpHosMdcCntRec | MDC Discharges |
| J | InpHosMdcPctRec | MDC Percentage Of Hospital Discharges |
| K | InpHosMdcMeanChg | Mean Charge Per MDC Discharge |
| L | InpHosMdcMedChg | Median Charge Per MDC Discharge |
| M | InpHosMdcTotChg | Total Charges for MDC |
| N | InpHosMdcPctChg | MDC Percentage of Total Charges |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

A. Hospital Discharge Data

8. Inpatient Utilization Data by Major Diagnostic Category (Cont'd)

| Column | Field Name | Field Description |
|---------------|-------------------|-------------------------------|
| O | InpHosMdcMeanLos | Mean Length Of Stay per MDC |
| P | InpHosMdcMedLos | Median Length Of Stay per MDC |
| Q | InpHosMdcTotLos | Patient Days per MDC |
| R | InpHosMdcPctLos | MDC Percentage of Total Days |

FY 2005 Hospital Summary Utilization Data Files

V. Data File Content Description and Overview

A. Hospital Discharge Data

9. Top 40 Zip Codes by Hospital

File Contents: This file contains the most frequent 40 ZIP Codes of patient origin, the ZIP Code Rank, and the Total Number of ZIP Code Discharges for each hospital. Also included is the Hospital Name and ID, Total Discharges for the hospital overall, the percent by ZIP Code for the Hospital, and the ZIP Code percent as a percent of all hospitals serving patients from that patient origin.

This information may be used by hospitals and other community providers interested in targeting services to their local population. It is also useful in comparing utilization across providers in the same geographic service area.

Field Names and Descriptions:

| | |
|-------------------------|----------------------------|
| Version: | FY 2005 |
| File Name: | CM09_2005_TOP 40 ZIP CODES |
| Number of Data Records: | 3,685 |
| Number of Fields: | 10 |

| Column | Field Name | Field Description |
|--------|--------------------|--|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | InpHosCntRec | Hospital Discharges at Hospital |
| E | InpHosZipRankRec | Rank Of Zip Code For This Hospital |
| F | Zip | Zip Code |
| G | InpHosZipCntRec | Discharges For This Zip Code |
| H | InpHosZipPctRec | Percentage Of Hospital Discharges |
| I | InpHosStwZipPctRec | Percentage Of Total Discharges For This Zip Code |
| J | InpZipCntRec | Total Statewide Discharges For A Specific Zip Code |

Note: Per the data specification in regulation 114.1 CMR 17.04, a code of “00000” denotes an unknown patient zip code and “77777” a foreign zip code. Within the data, note that a “-” denotes invalid data. In several instances, discharge frequencies may vary slightly in this file due to reporting of invalid codes.

V. Data File Content Description and Overview

B. DHCFP-403 Cost Report Data

10. Costs, Charges, Ratios, Net Revenue, Beds & Utilization Data

File Contents: This file contains reviewed hospital information for 37 data elements derived from the Division's annual DHCFP-403 hospital cost report. It provides important information on hospitals' inpatient and outpatient costs, charges, and net revenue, as well inpatient cost to charge ratios (including and excluding capital). In addition, information on hospital beds, occupancy, average daily census, total days, and total admissions is provided. Information in this year's CM10 file includes observation bed hours (for distinct and non-distinct units), bed days, expenses and gross revenue.

Costs, charges, and net revenue are provided to give an overview of each hospital's financial information. The inpatient cost-to-charge ratio is an aggregate number that may be used in conjunction with the charge data to perform analyses of and/or obtain an estimate of costs for particular hospitals. The cost-to-charge ratio is an aggregated ratio of all inpatient hospital services and may not be representative of a particular service or department at a hospital. The bed information and utilization data may be used to gain an understanding of hospital size and capacity for use in peer group comparisons.

The following changes were made to the CM10 (formerly known as CM8) file beginning with the PC Product for 2001, in part, to reflect administrative changes made to the FY 2001 DHCFP-403 report.

| Updated Fields in FY 2001 PC Product | Comment |
|--------------------------------------|---|
| Weighted Average Available Beds | Replaces Weighted Average Operating Beds |
| Weighted Average Staffed Beds | New Field Added |
| Weighted Average Licensed Beds | Replaces Licensed Beds at Year End |
| Maximum Licensed Bed Days Available | New Field Added |
| Percentage of Occupancy | Replaces Weighted Average Occupancy Percent |

Definitions:

Weighted Average Available Beds is the average number of licensed beds which were physically available for immediate patient use, excluding beds not immediately available because of renovation or maintenance, physical plant problems, or similar issues. This is equal to the sum of the number of calendar days each bed was available, divided by 365 (366 in leap years).

V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

10. Costs, Charges, Ratios, Net Revenue, Beds & Utilization Data (Cont'd)

Weighted Average Staffed Beds is defined as the average number of staffed beds over the entire year. It is equal to the sum of the number of calendar days each available licensed bed was staffed for use by patients, divided by 365 (366 in leap years).

Weighted Average Licensed Beds is the average number of licensed beds over the entire year. This is calculated as the sum of the number of calendar days each bed was licensed, divided by 365 (366 in leap years).

Field Names and Descriptions:

| | |
|-------------------------|----------------------------------|
| Version: | FY 2005 |
| File Name: | CM10_2005_403 STATS REVENUE COST |
| Number of Data Records: | 66 |
| Number of Fields: | 37 |

| Column | Field Name | Field Description |
|--------|------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | WtavgAvbed | Weighted Average Available Beds |
| E | WtavgStbed | Weighted Average Staffed Beds |
| F | WtavgLcbed | Weighted Average Licensed Beds |
| G | Totday | Total Inpatient Days |
| H | MaxLcBdays | Maximum Licensed Bed Days Available |
| I | PctOccup | Percentage of Occupancy |
| J | TotAdm | Total Admissions |
| K | AvCensus | Average Daily Census |
| L | TotGpsr | Total Gross Patient Service Revenue |
| M | InpGpsr | Total Inpatient Gross Patient Service Revenue |
| N | OutGpsr | Total Outpatient Gross Patient Service Revenue |
| O | TotNetPsr | Total Net Patient Service Revenue |
| P | NetInpsr | Total Net Inpatient Service Revenue |
| Q | NetOutsr | Total Net Outpatient Service Revenue |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

10. Costs, Charges, Ratios, Net Revenue, Beds & Utilization Data (Cont'd)

| Column | Field Name | Field Description |
|--------|-------------|--|
| R | TotPr | Total Premium Revenue |
| S | InpTotPr | Total Inpatient Premium Revenue |
| T | OutTotPr | Total Outpatient Premium Revenue |
| U | Sum_NpsrPr | Total Net Patient Service Revenue Plus Premium Revenue |
| V | TotPatExpIn | Total Patient Expenses Including Capital |
| W | TotPatExpEx | Total Patient Expenses Excluding Capital |
| X | OutExpIn | Total Outpatient Expenses Including Capital |
| Y | OutExpEx | Total Outpatient Expenses Excluding Capital |
| Z | InpExpIn | Total Inpatient Expenses Including Capital |
| AA | InpExpEx | Total Inpatient Expenses Excluding Capital |
| AB | InpChgs | Inpatient Charges |
| AC | InpCcrIn | Inpatient Cost-To-Charge Ratio Including Capital |
| AD | InpCcrEx | Inpatient Cost-To-Charge Ratio Excluding Capital |
| AE | ObsUnit | Indicator for Distinct Hospital Observation Unit |
| AF | ObsHrDist | Observation Bed Hours – Distinct Unit |
| AG | ObsHrNond | Observation Bed Hours – Non-Distinct Unit |
| AH | ObsBdayNd | Equivalent Observation Bed Days – Non-Distinct Unit |
| AI | ObsExpIn | Observation Bed Expenses Including Capital |
| AJ | ObsExpEx | Observation Bed Expenses Excluding Capital |
| AK | ObsGpsr | Observation Bed Gross Patient Service Revenue |

Calculations:

$$\text{Sum_Npsrpr} = \text{TotNetPsr} + \text{TotPr}$$

$$\text{InpCcrIn} = ((\text{InpExpIn}) / (\text{InpChgs})) \times 100$$

$$\text{InpCcrEx} = ((\text{InpExpEx}) / (\text{InpChgs})) \times 100$$

$$\text{Obs_BdayNd} = \text{Obs_HrNond} / 24 \text{ hours}$$

V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

11. Utilization Data by Payer

File Contents: This file contains reviewed hospital information for 66 data elements derived from the Division's annual DHCFP-403 hospital cost report. It provides important information on hospitals' inpatient and outpatient statistics, including days, admissions, discharges, and outpatient visits. In addition, it provides important information on hospital utilization by payer for over 10 payer types, including Medicare, Medicaid, Medicare Managed Care, Medicaid Managed Care, Workers Compensation, Other Government, and Self Pay. Observation service statistics and payer utilization information has been added to this year's file.

Days, admissions, discharges, and outpatient visits are provided to give an overview of each hospital's patient volume for both inpatient and outpatient care. Inpatient and outpatient utilization data are also presented by payer to give an overview of the volume of different payers at each hospital. The utilization and payer data may be used to gain an understanding of hospital volume and payer mix at a particular hospital of interest or may be used in making peer group comparisons. In addition, the data supplies useful information on inpatient and outpatient volume statewide, as well as the payer mix statewide.

Field Names and Descriptions:

| | |
|-------------------------|---------------------------------|
| Version: | FY 2005 |
| File Name: | CM11_2005_403 PAYER UTILIZATION |
| Number of Data Records: | 66 |
| Number of Fields: | 66 |

| Column | Field Name | Field Description |
|--------|-------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | TotDay | Total Days |
| E | TotAdm | Total Admissions |
| F | TotDis | Total Discharges |
| G | OutTotVis | Total Outpatient Visits |
| H | InpMcrDay | Medicare Non-Managed Care Days |
| I | InpMcrAdm | Medicare Non-Managed Care Admissions |
| J | InpMcrDis | Medicare Non-Managed Care Discharges |
| K | OutMcrVis | Medicare Non-Managed Care Visits |
| L | InpMcrMcDay | Medicare Managed Care Days |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

11. Utilization Data by Payer (cont'd)

| Column | Field Name | Field Description |
|---------------|-------------------|--------------------------------------|
| M | InpMcrMcAdm | Medicare Managed Care Admissions |
| N | InpMcrMcDis | Medicare Managed Care Discharges |
| O | OutMcrMcVis | Medicare Managed Care Visits |
| P | InpMcdDay | Medicaid Non-Managed Care Days |
| Q | InpMcdAdm | Medicaid Non-Managed Care Admissions |
| R | InpMcdDis | Medicaid Non-Managed Care Discharges |
| S | OutMcdVis | Medicaid Non-Managed Care Visits |
| T | InpMcdMcDay | Medicaid Managed Care Days |
| U | InpMcdMcAdm | Medicaid Managed Care Admissions |
| V | InpMcdMcDis | Medicaid Managed Care Discharges |
| W | OutMcdMcVis | Medicaid Managed Care Visits |
| X | InpWcompDay | Workers Comp Days |
| Y | InpWcompAdm | Workers Comp Admissions |
| Z | InpWcompDis | Workers Comp Discharges |
| AA | OutWcompVis | Workers Comp Visits |
| AB | InpSelfPayDay | Self Pay Days |
| AC | InpSelfPayAdm | Self Pay Admissions |
| AD | InpSelfPayDis | Self Pay Discharges |
| AE | OutSelfPayVis | Self Pay Visits |
| AF | InpOgovDay | Other Government Days |
| AG | InpOgovAdm | Other Government Admissions |
| AH | InpOgovDis | Other Government Discharges |
| AI | OutOgovVis | Other Government Visits |
| AJ | InpMancrDay | Managed Care Days |
| AK | InpMancrAdm | Managed Care Admissions |
| AL | InpMancrDis | Managed Care Discharges |
| AM | OutMancrVis | Managed Care Visits |
| AN | InpNonmcDay | Non Managed Care Days |
| AO | InpNonmcAdm | Non Managed Care Admissions |
| AP | InpNonmcDis | Non Managed Care Discharges |
| AQ | OutNonmcVis | Non Managed Care Visits |
| AR | InpOtherDay | Other Days |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

11. Utilization Data by Payer (cont'd)

| Column | Field Name | Field Description |
|---------------|-------------------|---|
| AS | InpOtherAdm | Other Admissions |
| AT | InpOtherDis | Other Discharges |
| AU | OutOtherVis | Other Visits |
| AV | InpNpatDay | Non Patient Days |
| AW | InpNpatAdm | Non Patient Admissions |
| AX | InpNpatDis | Non Patient Discharges |
| AY | OutNpatVis | Non Patient Visits |
| AZ | ObsUnit | Indicator for Distinct Hospital Observation Unit |
| BA | ObsHrDist | Observation Bed Hours – Distinct Unit |
| BB | ObsHrNond | Observation Bed Hours – Non-Distinct Unit |
| BC | ObsBdayNd | Equivalent Observation Bed Days – Non-Distinct Unit |
| BD | ObsMcrVis | Observation Bed Medicare Visits |
| BE | ObsMcrMcVis | Observation Bed Medicare Managed Care Visits |
| BF | ObsMcdVis | Observation Bed Medicaid Visits |
| BG | ObsMcdMcVis | Observation Bed Medicaid Managed Care Visits |
| BH | ObsWcompVis | Observation Bed Workers Compensation Visits |
| BI | ObsSelfPayVis | Observation Bed Self-Pay Visits |
| BJ | ObsOgovVis | Observation Bed Other Government Visits |
| BK | ObsMancrVis | Observation Bed Managed Care Visits |
| BL | ObsNonmcVis | Observation Bed Non-Managed Care Visits |
| BM | ObsOtherVis | Observation Bed Other Visits |
| BN | ObsNpatVis | Observation Bed Non-Patient Visits |

FY 2005 Hospital Summary Utilization Data Files

V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

12. Inpatient and Outpatient Service & Utilization Data

File Contents: This file contains reviewed hospital information for 52 data elements derived from the Division's annual DHCFP-403 hospital cost report. It provides important information on hospitals' inpatient and outpatient services, including total patient days and total outpatient visits, as well as patient days and outpatient visits by service for each hospital as shown in the table below. New fields added to this file beginning in FY 2002 included observation hours (for distinct and non-distinct units) and bed days.

Utilization by service is provided to give an overview of each hospital's service mix. The file allows users to obtain information on the types and volume of services provided in both the inpatient and outpatient setting, including important service areas such as Psych, Pediatrics, ICU, and ER.

Field Names and Descriptions:

| | |
|-------------------------|-----------------------------------|
| Version: | FY 2005 |
| File Name: | CM12_2005_403 SERVICE UTILIZATION |
| Number of Data Records: | 66 |
| Number of Fields: | 51 |

| Column | Field Name | Field Description |
|--------|-----------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | TotDay | Total Patient Days |
| E | InpMedsuDay | Medical & Surgical Days |
| F | InpPediDay | Pediatric Days |
| G | InpObDay | Obstetric Days |
| H | InpPsychDay | Psychiatric Days |
| I | InpVentlDay | Ventilator Unit Days |
| J | InpSnfDay | Skilled Nursing Facility Days |
| K | InpIcuDay | Medical & Surgical Intensive Care Unit Days |
| L | InpOthericuDay1 | Other ICU Days |
| M | InpOthericuDes1 | Other ICU Days Description |
| N | InpOthericuDay2 | Other ICU Days |
| O | InpOthericuDes2 | Other ICU Days Description |
| P | InpOthericuDay3 | Other ICU Days |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

B. DHCFP- 403 Cost Report Data

12. Inpatient and Outpatient Service & Utilization Data (Cont'd)

| Column | Field Name | Field Description |
|---------------|-------------------|---|
| Q | InpOthericuDes3 | Other ICU Days Description |
| R | InpOthericuDay4 | Other ICU Days |
| S | InpOthericuDes4 | Other ICU Days Description |
| T | InpOthericuDay5 | Other ICU Days |
| U | InpOthericuDes5 | Other ICU Days Description |
| V | InpCcuDay | Coronary Intensive Care Unit Days |
| W | InpNicuDay | Neonatal Intensive Care Unit Days |
| X | InpNewbDay | Newborn Nursery Days |
| Y | InpChRehDay | Chronic/Rehabilitation Days |
| Z | InpOtherAcDay1 | Other Acute Days |
| AA | InpOtherAcDes1 | Other Acute Days Description |
| AB | InpOtherAcDay2 | Other Acute Days |
| AC | InpOtherAcDes2 | Other Acute Days Description |
| AD | InpOtherAcDay3 | Other Acute Days |
| AE | InpOtherAcDes3 | Other Acute Days Description |
| AF | OutTotVis | Total Outpatient Visits |
| AG | ErVis | Emergency Services Visits |
| AH | OutClinVis | Clinic/Ambulatory Visits |
| AI | OutSatClVis | Satellite Clinic Visits |
| AJ | OutAmburgVis | Ambulatory Surgical Visits |
| AK | OutAmburgDialVis | Ambulatory Renal Dialysis Visits |
| AL | HomeDialVis | Home Dialysis Visits |
| AM | OutPsychVis | Psychiatry Visits |
| AN | HomeHlthVis | Home Health Visits |
| AO | ObserVis | Observation Visits |
| AP | PriRefVis | Private Referral Visits |
| AQ | HlhcAmbVis | Hospital Licensed Health Center Visits |
| AR | OtherAmbVis1 | Other Ambulatory Service Visits |
| AS | OtherAmbVisDes1 | Other Ambulatory Service Visits Description |
| AT | OtherAmbVis2 | Other Ambulatory Service Visits |
| AU | OtherAmbVisdes2 | Other Ambulatory Service Visits Description |
| AV | ObsUnit | Indicator for Distinct Hospital Observation Unit |
| AW | ObsHrDist | Observation Bed Hours – Distinct Unit |
| AX | ObsHrNond | Observation Bed Hours – Non-Distinct Unit |
| AY | ObsBdayNd | Equivalent Observation Bed Days – Non-Distinct Unit |

V. Data File Content Description and Overview

C. Outpatient Observation Data

13. Outpatient Observation Clinical Classifications Information

File Contents: Outpatient observation discharge data was first included in the FY 2002 HSUDF product. Since Diagnosis Related Groups (DRGs) are traditionally applicable to the inpatient setting, they could not be used to clinically group this data. The Division therefore utilized the Clinical Classifications Software (CCS) developed by the Agency for Healthcare Research and Quality (AHRQ) to group the observation data. CCS provides a way to reclassify ICD-9-CM diagnosis codes into a limited number of clinical categories. The single-level diagnosis CCS has been used to aggregate illnesses and conditions into 259 mutually exclusive categories. Please see CM14 for a complete listing of these categories.

The file includes the number of Observation Visits by CCS category, Percent of Statewide Visits, Mean and Median Charges per Observation Visit, Total Observation Charges per CCS category, Mean and Median Length of Stay per Observation Visit, and Total Statewide Observation Visits. As an added feature the Division has provided the total Inpatient Discharges by CCS and the Percent of Inpatient CCS Discharges to enable comparison to the observation data.

The file provides statewide counts of the number of observation patients within a given CCS category, as well as the mean charges and length of stay. The data may be sorted to provide a ranking of the costliest observation visits. Also this file enables the user to compare inpatient discharges, which have been classified into CCS categories, to outpatient observation data.

Field Names and Descriptions:

| | |
|-------------------------|--|
| Version: | FY 2005 |
| File Name: | CM13_2005_OUTPT OBSERV CCS INFORMATION |
| Number of Data Records: | 256 |
| Number of Fields: | 12 |

| Column | Field Name | Field Description |
|--------|-----------------|---|
| A | Ccs | Clinical Classification Category |
| B | CcsDescription | CCS Category Description |
| C | ObsStwCcsCntRec | Observation Number of Visits By CCS |
| D | ObsStwCcsPctRec | Statewide Percent of CCS Total Observation Visits |
| E | InpCcsCntRec | Inpatient Discharges by CCS |
| F | InpCcsPctRec | Statewide Percent of Inpatient CCS Discharges |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

C. Outpatient Observation Data

13. Statewide Outpatient Observation Clinical Classifications Information (Cont'd)

| Column | Field Name | Field Description |
|---------------|-------------------|---|
| G | ObsStwCcsMeanChg | Observation Mean Charge per Visit |
| H | ObsStwCcsMedChg | Observation Median Charge per Visit |
| I | ObsStwCcsTotChg | Total Observation Charges |
| J | ObsStwCcsMeanLos | Mean Observation Length of Stay (hours) |
| K | ObsStwCcsMedLos | Median Observation Length Of Stay |
| L | ObsStwCntRec | Statewide Observation Visits |

V. Data File Content Description and Overview

C. Outpatient Observation Data

14. Clinical Classifications Software (CCS) Diagnosis Categories

File Contents: This file contains the CCS Diagnosis Categories listed in numerical order. A written description is provided for each CCS category.

This file may be used as a reference for looking up a more complete CCS description when using other files that may have only the abbreviated descriptions.

Field Names and Descriptions:

| | |
|-------------------------|----------------------------|
| Version: | FY 2005 |
| File Name: | CM14_2005_CCS DESCRIPTIONS |
| Number of Data Records: | 259 |
| Number of Fields: | 2 |

| Column | Field Name | Field Description |
|--------|----------------|----------------------------------|
| A | Ccs | Clinical Classification Category |
| B | CcsDescription | CCS Category Description |

V. Data File Content Description and Overview

C. Outpatient Observation Data

15. Outpatient Observation Utilization

File Contents: This file contains baseline Outpatient Observation Visit data for each hospital. Fields include Hospital Name and ID, Total Outpatient Observation Visits, Total Observation Hours and Mean Length of Stay, and Total Outpatient Observation Charges. Additional information includes the number of Observation Visits per 100 Inpatient Discharges.

This information may be used to compare providers' outpatient observation volume (visits, charges), length of stay (hours), and the number of Observation Visits per 100 Inpatient Discharges.

Field Names and Descriptions:

| | |
|-------------------------|--|
| Version: | FY 2005 |
| File Name: | CM15_2005_OUTPT OBSERV UTILIZATION BY HOSP |
| Number of Data Records: | 77 |
| Number of Fields: | 9 |

| Column | Field Name | Field Description |
|--------|-------------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | ObsHosCntRec | Total Outpatient Observation Visits |
| E | ObsHosTotLos | Total Observation Hours |
| F | ObsHosMeanLos | Observation Mean LOS (hours) |
| G | ObsHosTotChg | Total Outpatient Observation Charges |
| H | InpHosCntRec | Inpatient Discharges at Hospital |
| I | ObsInpHosRatioRec | Observation Visits Per 100 Inpatient Discharges |

V. Data File Content Description and Overview

C. Outpatient Observation Data

16. Outpatient Observation Payer Source Information By Hospital With Top 10 CCS Categories

File Contents: This file contains data on the primary payer source field with specific information on each hospital's top 20 Payer Sources and those payers' top 10 CCS Categories. Data by hospital includes Total Outpatient Observation Visits, Visits by Payer, and each CCS categories percent of the payer's total visits at each hospital. The rank of each of the hospital's top payers, and payer visit rank for the top CCS are listed. Total Charges and Mean Length of Stay for each of the Top 10 CCS Categories, and Payer's Percent of all Visits for the CCS Category at each hospital are included. Please note that those CCS Categories with the same number of visits will be displayed in numerical order by CCS Category. Also, in cases where less than 2 patient records exist, the name of the CCS Category is withheld and the CCS field is denoted with "XXX".

This information may be used to compare payer utilization at each hospital including the volume of Outpatient Observation visits for each payer and the volume for the top 10 CCS Categories by payer.

Field Names and Descriptions:

Version: FY 2005
 File Name: CM16_2005_OUTPT OBSERV TOP 20 PAYERS_TOP 10 CCS BY HOSP
 Number of Data Records: 12,338
 Number of Fields: 18

| Column | Field Name | Field Description |
|--------|---------------------|--|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | ObsHosCntRec | Total Outpatient Observation Visits |
| E | Pay | Payer Source Code |
| F | PayerDescription | Payer Source Description |
| G | ObsHosPayRankRec | Payer's Rank at Hospital |
| H | ObsHosPayCntRec | Payer's Total Observation Visits at Hospital |
| I | ObsHosPayCcsRankRec | Payer Visit Rank for Payer's Top 10 CCS Categories |
| J | Ccs | Clinical Classification Category |
| K | CcsDescription | CCS Category Description |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

C. Outpatient Observation Data

**16. Outpatient Observation Payer Source Information by Hospital
 With Top 10 CCS Categories (Cont'd)**

| Column | Field Name | Field Description |
|--------|---------------------|---|
| L | ObsHosPayCcsCntRec | Number of Visits for Payer by Top 10 CCS Categories |
| M | ObsHosPayCcsPctRec | CCS's Percent of Payer's Total Visits at Hospital |
| N | ObsPayHosCcsPctRec* | Payer's Percent of All Visits for this CCS Category at Hospital |
| O | ObsHosPayCcsTotChg | Payer's Charges for Top 10 CCS Categories |
| P | ObsHosPayCcsMeanLos | Mean Length of Stay for Payer's Top 10 CCS Categories |
| Q | ObsHosPayPctRec | Payer's Percent of Total Observation Visits |
| R | ObsHosCcsCntRec | Number of CCS Visits By CCS Category at Hospital |

Calculation:

$$* \text{ObsPayHosCcsPctRec} = \frac{\text{ObsHosPayCcsCnt Rec}}{\text{ObsHosCcsCntRec}}$$

V. Data File Content Description and Overview

C. Outpatient Observation Data

17. Hospital's Top 20 Outpatient Observation CCS Categories

File Contents: This file includes a list of the top 20 CCS Categories for each hospital, the Hospital Name and ID, the number of Outpatient Observation Visits for the hospital overall, the CCS Description and the associated number of visits for the CCS category, the percent of Observation Visits per CCS Category, the hospital-specific and statewide Mean and Median Charges per discharge for the CCS Category, and the hospital-specific and statewide Mean and Median Length of Stay for the CCS Category. The file also includes, for comparison purposes, the number of inpatient discharges by CCS and the statewide Percent of Inpatient CCS Discharges.

Note that in cases where less than two patient records exist, the name of the CCS Description category is withheld and the CCS field is denoted with "XXX".

This information can be used to determine the most frequently occurring CCS Categories at each hospital, to identify the associated charges and lengths of stay among hospitals of similar size and/or same geographic area of the state, and to compare a hospital's mean length of stay and mean charge for a given CCS Category to statewide means. Inpatient discharges which have been categorized by CCS can be compared to the CCS classified outpatient observation data.

Field Names and Descriptions:

Version: FY 2005
 File Name: CM17_2005_OUTPT OBSERV TOP 20 CCS BY HOSP
 Number of Data Records: 1,635
 Number of Fields: 19

| Column | Field Name | Field Description |
|--------|-----------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | ObsHosCntRec | Total Outpatient Observation Visits |
| E | Ccs | Clinical Classification Category |
| F | CcsDescription | CCS Category Description |
| G | ObsHosCcsCntRec | Number of Visits |
| H | ObsHosCcsPctRec | Percentage of Observation Visits |
| I | InpHosCcsCntRec | Inpatient Discharges by CCS |

FY 2005 Hospital Summary Utilization Data Files
V. Data File Content Description and Overview

C. Outpatient Observation Data

17. Hospital's Top 20 Outpatient Observation CCS Categories

| Column | Field Name | Field Description |
|---------------|-------------------|---|
| J | InpHosCcsPctRec* | Inpatient CCS Percent of Inpatient CCS Discharges |
| K | InpHosCntRec | Total Discharges at Hospital |
| L | ObsHosCcsMeanChg | Mean Charge Per Observation Visit |
| M | ObsHosCcsMedChg | Median Charge Per Observation Visit |
| N | ObsHosCcsMeanLos | Mean Length of Stay per Observation Visit |
| O | ObsHosCcsMedLos | Median Length of Stay per Observation Visit |
| P | ObsStwCcsMeanChg | Mean Charge Per Observation Visit Statewide |
| Q | ObsStwCcsMedChg | Median Charge Per Observation Visit Statewide |
| R | ObsStwCcsMeanLos | Mean Length of Stay Per Observation Visit Statewide |
| S | ObsStwCcsMedLos | Median Length of Stay Per Observation Visit Statewide |

Calculation:

$$* \text{InpHosCcsPctRec} = \frac{\text{InpHosCcsCntRec}}{\text{InpHosCntRec}}$$

V. Data File Content Description and Overview

C. Outpatient Observation Data

18. Top 40 Outpatient Observation Zip Codes by Hospital

File Contents: This file contains the total number of outpatient observation visits for each hospital, and the volume of visits for the hospital's top 40 ZIP Codes of patient origin, which are ranked in descending order by volume. Also included is the Percent of the ZIP Code for each specific Hospital, and the ZIP Code Percent as a percent of all hospitals serving patients from that zip code region.

This information may be used by hospitals and other community providers interested in targeting services to the population in their service area. It is also useful in comparing utilization of services among providers in the same geographic service area.

Field Names and Descriptions:

Version: FY 2005
 File Name: CM18_2005_OUTPT OBSERV TOP 40 ZIP CODES
 Number of Data Records: 2,776
 Number of Fields: 10

| Column | Field Name | Field Description |
|--------|--------------------|---|
| A | HospName | Hospital Name |
| B | Hospid | Hospital DPH ID Number |
| C | Orgid | Unique facility number assigned by the Division |
| D | ObsHosCntRec | Total Outpatient Observation Visits |
| E | ObsHosZipRankRec | Rank of Zip Code For This Hospital |
| F | Zip | Zip Code |
| G | ObsHosZipCntRec | Number of Observation Visits For This Zip Code |
| H | ObsHosZipPctRec | Percentage of Hospital Observation Visits |
| I | ObsHosStwZipPctRec | Percentage of Total Visits For This Zip Code |
| J | ObsZipCntRec | Total Statewide Outpatient Observation Visits For A Specific Zip Code |

Note: Per the data specification in regulation 114.1 CMR 17.04, a code of "00000" denotes an unknown patient zip code, and "77777" a foreign zip code. Within the data, note that a "-" denotes invalid data. In several instances, discharge frequencies may vary slightly in this file due to reporting of invalid codes.

V. Data File Content Description and Overview

D. Field Description Listing by File

19. File Description Listing by File

File Contents: This file contains the field names and field descriptions for each of the Hospital Summary Utilization Data Files, and should be used as a reference.

Field Names and Descriptions:

Version: FY 2005
 File Name: CM19_2005_ FIELD DESCRIPTION LISTING BY FILE
 Number of Data Records: 425
 Number of Fields: 3

| Column | Field Name | Field Description |
|--------|-------------------|--------------------------------------|
| A | File Number | File Number |
| B | Column | Column Label |
| C | Field Name | Name of Field Contained In Each File |
| D | Field Description | Description of Each Field Name |

VI. Appendices

FY 2005 Hospital Summary Utilization Data Files

Appendix A.

List of Hospitals / Hospital Campuses in FY 2005 Data

Note: For information on mergers, name changes, closures, and conversions, please see “*FY 2005 Inpatient Hospital Discharge Database Documentation Manual*” located on the Division’s web site at http://www.mass.gov/Eeohhs2/docs/dhcfp/r/hdd/hdd_fy05.doc, Supplement IV, page 71.

| DPH Hospital ID | DHCFP Organization ID | Hospital Name |
|--------------------|--------------------------|---|
| 2006 | 1 | Anna Jaques Hospital |
| 2226 | 2 | Athol Memorial Hospital |
| 2148 | 6 | Baystate Mary Lane Hospital |
| 2339 | 4 | Baystate Medical Center |
| 2313 | 7 | Berkshire Medical Center - Berkshire Campus |
| 2231 | 9 | Berkshire Medical Center - Hillcrest Campus |
| 2069 | 10 | Beth Israel Deaconess Medical Center – East Campus |
| 2054 | 53 | Beth Israel Deaconess Hospital - Needham |
| 2084 | 144 | Boston Medical Center - East Newton Campus |
| 2307 | 16 | Boston Medical Center - Harrison Ave. Campus |
| 2921 | 22 | Brigham and Women's Hospital |
| 2118 | 25 | Brockton Hospital |
| 2108 | 27 | Cambridge Health Alliance - Cambridge Campus |
| 2001 | 143 | Cambridge Health Alliance - Somerville Campus |
| 2046 | 142 | Cambridge Health Alliance - Whidden Memorial Campus |
| 2135 | 39 | Cape Cod Hospital |
| 2003 | 42 | Caritas Carney Hospital |
| 2101 | 62 | Caritas Good Samaritan Medical Center – Brockton Campus |
| 2225 | 75 | Caritas Holy Family Hospital and Medical Center |
| 2KGGH | 4460 | Caritas Good Samaritan Medical Center – Norcap Lodge Campus |
| 2114 | 41 | Caritas Norwood Hospital |
| 2085 | 126 | Caritas St. Elizabeth's Medical Center |
| 2139 | 46 | Children's Hospital Boston |
| 2126 | 132 | Clinton Hospital |
| 2155 | 50 | Cooley Dickinson Hospital |
| 2335 | 51 | Dana-Farber Cancer Institute |
| 2018 | 57 | Emerson Hospital |
| 2052 | 8 | Fairview Hospital |
| 2289 | 40 | Falmouth Hospital |
| 2048 | 59 | Faulkner Hospital |
| 2120 | 5 | Franklin Medical Center |
| 2038 | 66 | Hallmark Health Systems - Lawrence Memorial Hospital Campus |
| 2058 | 141 | Hallmark Health Systems – Melrose-Wakefield Hospital Campus |
| 2143 | 68 | Harrington Memorial Hospital |
| 2034 | 8548 | Health Alliance Hospitals, Inc.- Burbank Campus |
| 2127 | 8509 | Health Alliance Hospitals, Inc.- Leominster Campus |
| 2036 | 73 | Heywood Hospital |
| 2145 | 77 | Holyoke Medical Center |

FY 2005 Hospital Summary Utilization Data Files

Appendix A. List of Hospitals / Hospital Campuses in FY 2005 Data (Cont'd)

| | | |
|------|------|---|
| 2157 | 78 | Hubbard Regional Hospital |
| 2082 | 79 | Jordan Hospital |
| 2091 | 136 | Kindred Hospital Boston |
| 2171 | 135 | Kindred Hospital Boston North Shore |
| 2033 | 81 | Lahey Clinic Hospital - Burlington Campus |
| 2033 | 4448 | Lahey Clinic North Shore |
| 2099 | 83 | Lawrence General Hospital |
| 2040 | 85 | Lowell General Hospital |
| 2103 | 133 | Marlborough Hospital |
| 2042 | 88 | Martha's Vineyard Hospital |
| 2167 | 89 | Massachusetts Eye and Ear Infirmary |
| 2168 | 91 | Massachusetts General Hospital |
| 2150 | 118 | Mercy Hospital - Providence Behavioral Health Hospital Campus |
| 2149 | 119 | Mercy Hospital - Springfield Campus |
| 2131 | 70 | Merrimack Valley Hospital |
| 2020 | 49 | MetroWest Medical Center - Framingham Campus |
| 2039 | 457 | MetroWest - Leonard Morse Campus |
| 2105 | 97 | Milford Regional Medical Center |
| 2227 | 98 | Milton Hospital |
| 2022 | 99 | Morton Hospital & Medical Center |
| 2071 | 100 | Mount Auburn Hospital |
| 2044 | 101 | Nantucket Cottage Hospital |
| 2298 | 52 | Nashoba Valley Medical Center |
| 2059 | 103 | New England Baptist Hospital |
| 2075 | 105 | Newton-Wellesley Hospital |
| 2076 | 106 | Noble Hospital |
| 2061 | 107 | North Adams Regional Hospital |
| 2014 | 116 | North Shore Medical Center, Inc. – Salem Campus |
| 2073 | 3 | North Shore Medical Center, Inc. – Union Campus |
| 2016 | 109 | Northeast Health Systems - Addison Gilbert Campus |
| 2007 | 110 | Northeast Health Systems- Beverly Campus |
| 2151 | 112 | Quincy Medical Center |
| 2011 | 114 | Saint Anne's Hospital |
| 2128 | 127 | Saint Vincent Hospital at Worcester Medical Center |
| 2063 | 115 | Saints Memorial Medical Center |
| 2107 | 122 | South Shore Hospital |
| 2337 | 123 | Southcoast Hospitals Group - Charlton Memorial Campus |
| 2010 | 124 | Southcoast Hospitals Group - St. Luke's Campus |
| 2106 | 145 | Southcoast Hospitals Group - Tobey Hospital Campus |
| 2100 | 129 | Sturdy Memorial Hospital |
| 2299 | 104 | Tufts - New England Medical Center |
| 2124 | 130 | UMass Memorial Medical Center - Memorial Campus |
| 2841 | 131 | UMass. Memorial Medical Center - University Campus (UMass) |
| 2094 | 138 | Winchester Hospital |
| 2181 | 139 | Wing Memorial Hospital and Medical Centers |

Appendix B.

Hospital Discharge Data Submission Status

Inpatient Discharge Data:

For FY 2005, all hospitals submitted four quarters of acceptable inpatient discharge data.

Outpatient Observation Data:

For FY 2005, all hospitals submitted four quarters of acceptable outpatient observation data.

Appendix C.

Hospital Notes for FY 2005 Year-End Hospital Discharge Database

Please note that additional information concerning FY 2005 inpatient data submissions is available in the ***“FY2005 Inpatient Hospital Discharge Database Documentation Manual”*** located on the Division’s web site at http://www.mass.gov/Eeohhs2/docs/dhcfp/r/hdd/hdd_fy05.doc.

Seventy-four (74) hospitals submitted inpatient case mix filings to DHCFP for Fiscal Year 2005. Some hospitals included site ID numbers in single filings to differentiate campus locations. Hospitals submitting single files included Berkshire Health Systems, Boston Medical Center, Cambridge Health Alliance and UMass Memorial Medical Center. Details are provided in the hospital notes section below. Also included are details of the hospital responses received during the Division’s data verification process of the FY 2005 inpatient data.

1. **AtlantiCare Medical Center:**

AtlantiCare Medical Center in Lynn, MA changed its name back to Union Hospital in 1999.

2. **Caritas Norwood Hospital**

Caritas Norwood Hospital reported discrepancies in the area of Discharges by Month. See the following table:

| FY 05 Inpatients | | | | |
|---|-----------------------|-------------------|----------|------------------------------|
| Reconciliation with The Division of Healthcare Finance and Policy | | | | |
| Discharge Month | Caritas Norwood Total | Div of Healthcare | Variance | CNH IP accts with zero chrgs |
| Oct-04 | 1,140 | 1,137 | 3 | 3 |
| Nov-04 | 1,044 | 1,042 | 2 | 2 |
| Dec-04 | 1,140 | 1,136 | 4 | 4 |
| Jan-05 | 1,160 | 1,155 | 5 | 4 |
| Feb-05 | 1,076 | 1,073 | 3 | 3 |
| Mar-05 | 1,091 | 1,090 | 1 | 1 |
| Apr-05 | 1,053 | 1,049 | 4 | 3 |
| May-05 | 1,075 | 1,068 | 7 | 4 |
| Jun-05 | 1,089 | 1,086 | 3 | 3 |
| Jul-05 | 1,073 | 1,070 | 3 | 3 |
| Aug-05 | 1,041 | 1,039 | 2 | 2 |
| Sep-05 | 1,105 | 1,102 | 3 | 3 |
| Grand Total | 13,087 | 13,047 | 40 | 35 |

3. **Baystate Medical Center:**

FY 2005 Hospital Summary Utilization Data Files

Baystate Medical Center's 50 bed licensed Long Term Care Unit closed effective February 1, 1997, and therefore discharges are no longer included in this data.

4. **Berkshire Medical Center:** The single filing included Berkshire Campus (Orgid 7) and the Hillcrest Campus (Orgid 9).
5. **Beth Israel Deaconess Medical Center:**
Beth Israel and Deaconess hospitals have submitted case mix data jointly since 1998. In FY 1997, they filed separately for the first three quarters and jointly for the fourth quarter of FY 1997 data. Thus, comparison of 1997 and future data is not suggested.
6. **Boston Medical Center:** Single file included Harrison Avenue Campus (Orgid 16) and East Newton Street Campus (Orgid 144). Boston Medical Center first began single filings in FY 2000.
7. **Cambridge Health Alliance:** Single filing included Cambridge Campus (Orgid 27), Somerville Campus (Orgid 143), and Whidden Memorial Campus (Orgid 142). On July 1, 2001, Cambridge Health Alliance purchased the Whidden Memorial Hospital from Hallmark Health Care.
8. **Caritas Southwood Hospital:**
Southwood, a non-acute hospital, closed effective October 1, 2001. Because it was a non-acute hospital, and thus had a substantially different case mix from the typical acute hospital, its data was not included in past case mix indices files. Its services gradually moved over to Caritas Norwood Hospital throughout FY 2001.
9. **Heywood Hospital**

Heywood Hospital reported discrepancies in the area of Patient Disposition Frequency. The hospital stated to decrease deaths by 2 in the 4th quarter and add them to discharge home.
10. **Kindred Hospital Boston and Kindred Hospital Boston North Shore:**
These hospitals are Long-Term Care Acute Hospitals and thus will generate longer length of stays than the typical short-term acute care hospital. Because they have a substantially different case mix from the typical short-term acute hospital, their data is not included in the Case Mix Indices file.
11. **Nantucket Cottage Hospital**

Nantucket Hospital reported discrepancies in numerous areas. Please see the following documentation submitted by the hospital.

Hospital Notes:

FY 2005 Hospital Summary Utilization Data Files

- cases.
1. The #s – DHCF&P (Division of Health Care Finance & Policy) column = the reported
 2. The #s – NCH column = currently compiled data for the FY05 verification totals.
 3. The #s – Variance column is reported as a (-) negative where NCH actual is a higher value than DHCF&P reported. Conversely, (+) positive variance is indicated where the DHCF&P reported value is higher than the NCH current data #s. (?) no comparison possible not reported.

| FY2005 - Data Elements | #s – DHCF&P | #s - NCH | #s - Variance |
|--------------------------------|-------------|----------|---------------|
| Totals | 552 | 582 | -30 |
| Source of Admission Frequency: | | | |
| 0 – Info. Not Available | 1 | 0 | +1 |
| 1 – Direct Physician Referral | 178 | 209 | -31 |
| 7 - Outside ER transfer | 257 | 257 | 0 |
| A – Normal Delivery | 111 | 116 | -5 |
| B – Premature Delivery | 1 | 0 | +1 |
| D – Extramural Birth | 4 | 1 | +3 |
| Admission Type Frequency: | | | |
| 1 - Emergency | 83 | 84 | -1 |
| 2 – Urgent | 315 | 320 | -5 |
| 3 – Elective | 37 | 60 | -23 |
| 4 – Newborn | 117 | 118 | -1 |
| 5 – Information Unavailable | 0 | 0 | 0 |
| (--)- Invalid/ Not Provided | 0 | 0 | 0 |
| Discharge Month Frequency: | | | |
| October 2004 | 56 | 56 | 0 |
| November 2004 | 44 | 44 | 0 |
| December 2004 | 41 | 41 | 0 |
| January 2005 | 35 | 54 | -19 |
| February 2005 | 49 | 49 | 0 |
| March 2005 | 49 | 48 | +1 |
| April 2005 | 30 | 31 | -1 |
| May 2005 | 57 | 61 | -4 |
| June 2005 | 52 | 53 | -1 |
| July 2005 | 42 | 43 | -1 |
| August 2005 | 53 | 53 | 0 |
| September 2005 | 44 | 49 | -5 |
| Total | 552 | 582 | |

| FY2005 - Data Elements | #s – DHCF&P | #s - NCH | #s - Variance |
|------------------------|-------------|----------|---------------|
|------------------------|-------------|----------|---------------|

FY 2005 Hospital Summary Utilization Data Files

| | | | |
|--------------------------------|-----|-----|-----|
| Primary Payer Type Frequency: | | | |
| Invalid | 1 | 0 | +1 |
| 1 – Self Pay | 26 | 70 | -44 |
| 3 - Medicare | 197 | 194 | +3 |
| 4 - Medicaid | 117 | 115 | +2 |
| 6 – Blue Cross | 150 | 149 | +1 |
| 7 – Commercial Insurance | 50 | 51 | -1 |
| 9 – Free Care | 11 | 3 | +8 |
| Patient Disposition Frequency: | | | |
| 01 – Routine Discharge | 425 | 454 | -29 |
| 02 – TGEN | 28 | 28 | 0 |
| 03 - TSNF | 29 | 30 | -1 |
| 04 - TCDF | 3 | 3 | 0 |
| 05 - TOTH | 1 | 1 | 0 |
| 06 - THHS | 31 | 31 | 0 |
| 07 - AMA | 1 | 1 | 0 |
| 10 - TCTH | 1 | 1 | 0 |
| 11 - TPSYCH | 8 | 7 | +1 |
| 13 - TREH | 2 | 2 | 0 |
| 20 - Expired | 23 | 23 | 0 |
| (--) – Invalid/ Not Provided | 0 | 1 | -1 |
| Discharges by Gender: | | | |
| M – Male | 183 | 194 | -11 |
| F – Female | 369 | 388 | -19 |
| Visits by Race: | | | |
| 1 – White | 436 | 462 | -26 |
| 2 – Black | 42 | 45 | -3 |
| 3 – Asian | 0 | 0 | 0 |
| 4 – Hispanic | 62 | 63 | -1 |
| 5 – American Indian | 0 | 0 | 0 |
| 6 – Other | 12 | 12 | 0 |
| Visits by Age: | | | |
| 0 – 14 years | 131 | 132 | -1 |
| 15 – 24 years | 32 | 33 | -1 |
| 25 – 44 years | 130 | 130 | 0 |
| 45 – 64 years | 56 | 58 | -2 |
| 65+ years | 203 | 229 | -26 |

| | | | |
|------------------------|-------------|----------|---------------|
| FY2005 - Data Elements | #s – DHCF&P | #s - NCH | #s - Variance |
|------------------------|-------------|----------|---------------|

FY 2005 Hospital Summary Utilization Data Files

| | | | |
|--|-----|-----|-----|
| Top 20 E Code Frequency: | | | |
| E908.3 – Blizzard (snow)(ice) | 0 | 18 | -18 |
| E885.9 – Fall from tripping, stumbling | 10 | 10 | 0 |
| E888.9 – Fall, NOS | 4 | 5 | -1 |
| E880.9 – Fall on/or from stairs or steps | 4 | 5 | -1 |
| E830.9 – Watercraft Submersion | 0 | 3 | -3 |
| E935.2 – Adverse effects of opiates | 2 | 2 | 0 |
| E884.9 – Fall from one level to another | 2 | 2 | 0 |
| E869.8 – Poisoning by gas & vapors | 1 | 1 | 0 |
| E932.0 – Adverse effect of cortical steroids | 1 | 1 | 0 |
| E956 – Suicide & self inflicted injury | 1 | 1 | 0 |
| E888.1 – Fall striking against object | 1 | 1 | 0 |
| E906.4 – Bite nonvenomous arthropod | 1 | 1 | 0 |
| E917.0 – Struck by object or person | 1 | 1 | 0 |
| E882 – Fall from or out of building | 1 | 1 | 0 |
| E817.1 – MVA - passenger | 1 | 1 | 0 |
| E935.9 – Adverse effects of analgesics | 1 | 1 | 0 |
| E933.1 – Adverse effects immunosuppressives | 1 | 1 | 0 |
| E912 – Respiratory tract obstruction | 1 | 1 | 0 |
| Top 20 AP 12 DRGs with most Total Discharges: | | | |
| 391 – Normal Newborn | 115 | 111 | +4 |
| 373 – Vaginal Delivery w/o Complicating Dx | 68 | 76 | -18 |
| 371 – C-Section w/o CC | 21 | 23 | -2 |
| 372 – Vag. Delivery w/ Complicating Dx | 21 | 14 | +7 |
| 167 – Appendectomy w/o complicated Dx w/o CC | 13 | 12 | +1 |
| 243 – Medical Back Problems | 12 | 12 | 0 |
| 127 – Heart Failure & Shock | 10 | 11 | -1 |
| 430 - Psychoses | 10 | 9 | +1 |
| 088 - COPD | 8 | 8 | 0 |
| 090 – Simple Pneumonia & Pluerisy >17 w/o CC | 8 | 5 | +3 |
| 089 – Simple Pneumonia & Pluerisy > 17 w/ CC | 8 | 13 | -5 |

| FY2005 - Data Elements | #s – DHCF&P | #s - NCH | #s - Variance |
|---------------------------------------|-------------|----------|---------------|
| 183 – Esophagitis/Gastroent/Digestive | | | |

FY 2005 Hospital Summary Utilization Data Files

| | | | |
|--|-----|------|-----|
| Disorder w/oCC | 7 | 6 | +1 |
| 467 – Other Factors influencing Health Status | 7 | 30 | -23 |
| 249 – Aftercare, Musculoskeletal System | 6 | 6 | 0 |
| 423 – Other Infectious & Parasitic Diseases | 6 | 6 | 0 |
| 097 – Bronchitis & Asthama >17 w/o CC | 6 | 5 | +1 |
| 278 – Cellulitis Age > 17 w/o CC | 6 | 6 | 0 |
| 320 – Kidney & UTI infections > 17 w/CC | 6 | 8 | -2 |
| 416 – Septicemia Age >17 | 5 | 6 | -1 |
| 172 – Digestive Malignancy w/ CC | 5 | 6 | -1 |
| 277 – Cellulitis Age > 17 w/ CC | 5 | 6 | -1 |
| 095 – Pneumothorax w/o CC | 5 | 6 | -1 |
| 296 – Nutritional & Misc Metabolic Disorders > 17 w/CC | 0 | 7 | -7 |
| 183 - Esophagitis/Gastroent/Digestive Disorder w/oCC | 0 | 6 | -6 |
| 236 – Fractures of Hip & Pelvis | 5 | 5 | 0 |
| Ancillary Services by Discharges: | | | |
| 0250 - Pharmacy | 531 | --- | N/A |
| 0260 – IV Therapy | 68 | --- | N/A |
| 0270 – Med/Surg Supplies & Devices | 224 | --- | N/A |
| 0300 - Laboratory | 430 | 1224 | N/A |
| 0320 – Diagnostic Radiology | 225 | 206 | +19 |
| 0350 – CAT Scan | 73 | 73 | 0 |
| 0360 – OR Services | 46 | 50 | -4 |
| 0370 - Anesthesia | 106 | 107 | -1 |
| 0390 – Blood Storage & Processing | 21 | 25 | -4 |
| 0410 – Respiratory Services | 1 | 0 | +1 |
| 0420 – Physical Therapy | 62 | 83 | -21 |
| 0430 – Occupational Therapy | 27 | 29 | -1 |
| 0440 – Speech Therapy | 15 | 16 | -1 |
| Routine Accommodation by Discharges: | | | |
| 0111 – Medical/ Surgical | 290 | 313 | -23 |
| 0112 - Obstetrics | 120 | 121 | -1 |
| 0170 - Nursery | 117 | 118 | -1 |
| 0210 – CCU/ Special Care | 30 | 30 | 0 |

The specific areas that require comment are listed below. NCH will not be resubmitting tapes for this past fiscal year.

1. **Total Inpatient Discharges:** FY05 = -30 variance in total visits (HCF&P vs NCH actual)

FY 2005 Hospital Summary Utilization Data Files

- FY02 – indicated -10 variance in total visits (HCF&P vs. NCH actual).
- FY03 – indicated -2 visits (HCF&P vs. NCH actual).
- FY04 – indicated -1 visits (HCF & P vs. NCH actual).

2. Source of Visits:

- #7 Outside ER transfer is the largest designation at NCH, & is used when the originating source of the visit is through the ED or undetermined.

3. Top 20 E Code Frequency:

- HCF&P report and NCH do agree with the exceptions of those shelter relief cases (E908.3) and (E830.9) that were unable to be finalized and submitted do to lack of documentation.

4. Top 20 DRGs with the most total Discharges (refer to table):

- DRG 467 Other factors influencing Health Care would have increased an additional 23 cases and be the 3rd ranking DRG if reported.
- DRG 296 Nutritional & Misc Metabolic Disorders ranked 14th with 7 cases but failed to register as such as part of the HCF&P grouper.
- DRG 183 – Esophagitis/ Gastroenteritis & Digestive Disorder w/o CC ranked 15th with 6 cases but failed to register as such as part of the HCF&P grouper.

5. Ancillary Services by Discharges:

- Laboratory is unable to be rectified as the Laboratory reports the # of times they went to the floor to draw blood on patients not the # of patients served.
- Diagnostic Radiology reported 19 less inpatients than DHCF&P outcomes
- OR Services reported 4 more patients' cases than the DHCF&P outcomes
- Physical Therapy reported 21 more inpatients than was reflected in the DHCF&P reporting.

12. North Shore Medical Center

North Shore Medical Center reported discrepancies in the areas of Source of Admission and Patient Disposition Frequency.

1. The discharge disposition value of 03 is a combination of discharges to SNF and discharges to a nursing home. Not sure if we should be mapping our discharged to a nursing home to your discharged to a rest home value of 14, we will be looking into this.

FY 2005 Hospital Summary Utilization Data Files

2. The source of admission value X (for observation) is being used here at NSMC to include all patients who would be observed before an inpatient stay is determined. This looks to be a process issue here at NSMC given the fact the DCHFP is only accepting this value for patients who actually have an observation charge (rev code of 762). We are valuing this for patients who may start out as an observation patient but are then upgraded to inpatient on the first day.

13. Northeast Addison Gilbert – Addison Gilbert

Northeast Addison Gilbert reported discrepancies in the area of Source of Admission. The hospital is concerned with the term “outside ER transfer”, as SDC numbers seem low.

14. Northeast Addison Gilbert – Beverly Hospital

Northeast Addison Gilbert reported discrepancies in the area of Source of Admission. The hospital is concerned with the term “outside ER transfer”, as SDC numbers seem low.

Appendix D.

Hospital Notes for FY 2005 Year-End Outpatient Observation Database

Please note that additional information concerning outpatient observation data submissions is available in the FY 2005 *“Hospital Outpatient Observation Case Mix and Charge Data Documentation Manual”* http://www.mass.gov/Eeohhs2/docs/dhcfp/r/ooa/ooa_fy05.doc.

In FY 2005, the Division received outpatient observation data from seventy-two (72) hospitals. Some hospitals included site ID numbers in merged filings to differentiate campus locations. Hospitals filing merged submissions included Boston Medical Center, Cambridge Health Alliance and UMass Memorial Medical Center.

1. Caritas Norwood Hospital

Caritas Norwood reported discrepancies in the area of Patients by Month. The hospital stated that it had 23 more observation patients than was indicated on the Division’s report. The 23 patients appeared to be for the most part Same Day Surgery patients that were changed to observation for one reason or another. The true OP Observation number for Caritas Norwood Hospital for FY 05 was 1,097.

2. Nantucket Cottage Hospital

Nantucket Cottage Hospital reported discrepancies in the area of Observation Type Distribution. The hospital’s review of the Observation FY05 data reflected only 1 case difference when compared with the DHCF&P outcomes. Please see the following variance tables and overall summary.

1. The #s – DHCF&P (Division of Health Care Finance & Policy) column = the reported cases.
2. The #s – NCH column = currently compiled data for the FY verification totals.
3. The #s – Variance column is reported as a (-) negative where NCH actual is a higher value than DHCF&P reported. Conversely, (+) positive variance is indicated where the DHCF&P reported value is higher than the NCH current data #s. (?) no comparison possible not reported.

| FY2005 - Data Elements | #s –DHCF&P | #s -NCH | #s -Variance |
|-----------------------------|------------|---------|--------------|
| Observation Visit Totals | 266 | 267 | -1 |
| Observation Visits by Month | | | |
| October 2004 | 24 | 24 | 0 |
| November 2004 | 19 | 19 | 0 |
| December 2004 | 25 | 25 | 0 |
| January 2005 | 25 | 25 | 0 |

FY 2005 Hospital Summary Utilization Data Files

| FY2005 - Data Elements | #s –DHCF&P | #s -NCH | #s -Variance |
|---|------------|---------|--------------|
| February 2005 | 20 | 20 | 0 |
| March 2005 | 15 | 14 | -1 |
| April 2005 | 13 | 13 | 0 |
| May 2005 | 18 | 18 | 0 |
| June 2005 | 25 | 25 | 0 |
| July 2005 | 32 | 32 | 0 |
| August 2005 | 34 | 34 | 0 |
| September 2005 | 17 | 17 | 0 |
| Average Hours per Stay: | 18.61 | 18.57 | +.04 |
| Observation Type Distribution: | | | |
| 1- Emergency | 58 | 58 | |
| 2 – Urgent | 196 | 197 | -1 |
| 3 – Elective | 12 | 12 | |
| Originating Referral / Transferring Source: | | | |
| 1 – Direct Physician Referral | 57 | 57 | |
| 7 – Outside ER transfer | 209 | 210 | -1 |
| Departure Status: | | | |
| 1 – Routine Discharge | 231 | 225 | +6 |
| 3 – Transferred | 31 | 32 | -1 |
| 4 – AMA | 2 | 2 | |
| Gender Distribution: | | | |
| F – Female | 158 | 158 | |
| M - Male | 108 | 109 | -1 |
| Race Distribution: | | | |
| 1 – White | 235 | 236 | -1 |
| 2 – Black | 20 | 20 | |
| 4 – Hispanic | 10 | 0 | |
| 6 – Other | 1 | 1 | |
| Top 20 Patient ZIP codes: | | | |
| 02554 – Nantucket | 173 | 174 | -1 |
| 02584 – Nantucket | 25 | 25 | |
| 02564 – Siasconset | 11 | 12 | -1 |
| 02130 – Jamaica Plain, MA | 2 | 2 | |
| 77777 – Out of Country | 2 | 1 | +1 |
| 06820 – Darien, CT | 2 | 2 | |
| 06437 – Guilford, CT | 2 | 2 | |
| 12564 – Pawling, NY | 2 | 1 | +1 |
| 06897 – Wilton, CT | 1 | 1 | |
| 02116 – Boston, MA | 1 | 1 | |

| FY2005 - Data Elements | #s –DHCF&P | #s -NCH | #s -Variance |
|------------------------|------------|---------|--------------|
|------------------------|------------|---------|--------------|

FY 2005 Hospital Summary Utilization Data Files

| | | |
|------------------------------|---|---|
| 72227 – Little Rock, AR | 1 | 1 |
| 22152 – Springfield, VA | 1 | 1 |
| 32963 – Vero Beach, FL | 1 | 1 |
| 06855 – Norwalk, CT | 1 | 1 |
| 20016 – Washington, DC | 1 | 1 |
| 20007 – Washington, DC | 1 | 1 |
| 12309 – Schenectady, NY | 1 | 1 |
| 94523 – Pleasant Hill, CA | 1 | 1 |
| 21217 – Baltimore, MD | 1 | 1 |
| 06875 – Redding Center, CT | 1 | 1 |
| 10708 – Bronxville, NY | 1 | 1 |
| 08558 – Skillman, NJ | 1 | 1 |
| 15206 – Pittsburgh, PA | 1 | 1 |
| 06470 – Newtown, CT | 1 | 1 |
| 07960 – Morristown, NJ | 1 | 1 |
| 01702 – Framingham, MA | 1 | 1 |
| 01776 – Sudbury, MA | 1 | 1 |
| 02601 – Hyannis, MA | 1 | 1 |
| 02189 – East Weymouth, MA | 1 | 1 |
| 01960 – Peabody, MA | 1 | 1 |
| (--) – Invalid/ Not Provided | 1 | 1 |
| 08739 – Normandy Beach, NJ | 1 | 1 |
| 60611 – Chicago, IL | 1 | 1 |
| 77963 – Goliad, TX | 1 | 1 |
| 20715 – Bowie, MD | 1 | 1 |
| 63124 – Saint Louis, MO | 1 | 1 |
| 10128 – New York, NY | 1 | 1 |
| 08057 – Moorestown, NJ | 1 | 1 |
| 10019 – New York, NY | 1 | 1 |
| 28211 – Charlotte, NC | 1 | 1 |
| 02038 –Franklin, MA | 1 | 1 |
| 06830 – Greenwich, CT | 1 | 1 |
| 02030 – Dover, MA | 1 | 1 |
| 02360 – Plymouth, MA | 1 | 1 |
| 03223 – Campton, NH | 1 | 1 |
| 02920 – Cranston, RI | 1 | 1 |
| 02142 – Cambridge, MA | 1 | 1 |
| 06078 – Suffield, CT | 1 | 1 |
| 01742 – Concord, MA | 1 | 1 |
| 02108 – Boston, MA | 1 | 1 |
| 02675 – Yarmouth Port, MA | 1 | 1 |
| 02557 – Oak Bluffs, MA | 1 | 1 |

| | | | |
|--------------------------|------------|---------|--------------|
| FY2005 - Data Elements | #s –DHCF&P | #s -NCH | #s -Variance |
| 02532 – Buzzards Bay, MA | 1 | 1 | |

FY 2005 Hospital Summary Utilization Data Files

| | | | |
|--|-----|-----|-----|
| 01902 – Lynn, MA | 1 | 1 | |
| 02138 – Cambridge, MA | 1 | 1 | |
| Top 10 Principal Diagnosis: | | | |
| 780.2 – Syncope & Collapse | 15 | 15 | |
| 786.50 – Unspecified Chest Pain | 12 | 12 | |
| 786.59 – Other Chest Pain | 10 | 10 | |
| 644.03 – Threatened Premature Labor, Antepartum | 10 | 10 | |
| 276.5 – Volume Depletion | 8 | 8 | |
| 648.93 – Other Maternal Antepartum Conditions | 8 | 8 | |
| 642.93– Unspecified Hypertension, Antepartum | 8 | 8 | |
| 577.0 – Acute Pancreatitis | 5 | 5 | |
| 787.01 – Nausea & Vomiting | 5 | 5 | |
| 724.2 – Lumbago | 5 | 5 | |
| Top 10 Principal Procedures: | | | |
| 89.39 – Other nonoperative measurements & evals. | 263 | 267 | |
| 89.54 – Telemetry | 1 | 62 | |
| 88.01 – CAT Scan of Abdomin | 1 | 27 | |
| 89.52 - EKG | ? | 110 | |
| 88.03 – CAT Scan of Head | ? | 26 | |
| 93.96 – Oxygen Enrichment | ? | 21 | |
| 94.08 – Psychological Evaluation & Testing | ? | 20 | |
| 93.39 – Physical Therapy | ? | 18 | |
| 75.34 – Fetal Monitoring | ? | 16 | |
| 93.94 – Nebulizer Therapy | ? | 10 | |
| Top 10 Primary Payers: | | | |
| 121 – Medicare | 103 | 98 | +5 |
| 142 – Blue Cross Indemnity | 83 | 78 | +5 |
| 147 – Other Commercial | 34 | 30 | +4 |
| 145 – Self Pay | 17 | 30 | -13 |
| 143 – Free Care | 8 | 1 | +7 |
| 103 – Medicaid (includes MA Health) | 19 | 20 | |
| 146 – Workers Compensation | 1 | 1 | |
| 98 – Healthy Start | 1 | 0 | |
| - Other Government | 0 | 1 | |

- **Originating Referral/ Transferring Source limited to codes:** #1 Direct Physician Referral, #7 Outside Hospital ER transfers. Codes indicating the source referring or transferring the patient to the hospital. Primary source of admit must be the originating referral source causing the patient to

FY 2005 Hospital Summary Utilization Data Files

enter the hospital or the transferring facility causing the patient to enter the hospital. Code #7 is used when the originating source is undetermined. "Transferred from within hospital ED should only be a secondary designation. Reference attachment for the Admission Source Dictionary.

- **Departure Status Summary:** The number of Observation patients transferred = 31. Verification of the accuracy of the data as follows:

- TGEN (Transfer to Another General Acute Care Hospital): 19 patients
- THHS (Transfer to Home Health Services): 2 patients
- TPSY (Transfer to Psych Hospital): 6 patients
- TSNF (Transfer to Skilled Nursing Facility): 3 patients
- TOTH (Transfer to Other type of Facility): 1 patients

- TCDF (Transfer to Chemical Dependency Facility): 1 patients
- AMA (Against Medical Advice): 2 patients

Total = 32

patients

- **Comparative Data FY00 - FY05:**

| | <u>FY00</u> | <u>FY01</u> | <u>FY02</u> | <u>FY03</u> | <u>FY04</u> | <u>FY05</u> |
|-----------------------|-------------|-------------|-------------|-------------|-------------|---------------------|
| Total Observation | | | | | | |
| Patients: | 240 | 223 | 236 | 242 | 250 | 267 |
| Average Length of | | | | | | |
| Stay (in hours): | - | 22.52 | 16.33 | 19.47 | 18.45 | 18.57 |
| Total Patients | | | | | | |
| Transferred: | 39 | 47 | 56 | 33 | 42 | 32 |
| Admit to Hospital | | | | | | |
| category: | - | - | - | - | - | -0 data in category |
| % Patients classified | | | | | | |
| thru ED: | - | 79.2 | 80 | 78.9 | 79.6 | 78.7 |

Appendix E.

Major Diagnostic Categories (MDC)

| MDC | MDC_Description |
|-----|--|
| 01 | Diseases & Disorders of the Nervous System |
| 02 | Diseases & Disorders of the Eye |
| 03 | Diseases & Disorders of the Ear, Nose, Mouth & Throat |
| 04 | Diseases & Disorders of the Respiratory System |
| 05 | Diseases & Disorders of the Circulatory System |
| 06 | Diseases & Disorders of the Digestive System |
| 07 | Diseases & Disorders of the Hepatobiliary System & Pancreas |
| 08 | Diseases & Disorders of the Musculoskeletal System & Connective Tissue |
| 09 | Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast |
| 10 | Endocrine, Nutritional & Metabolic Diseases & Disorders |
| 11 | Diseases & Disorders of the Kidney & Urinary Tract |
| 12 | Diseases & Disorders of the Male Reproductive System |
| 13 | Diseases & Disorders of the Female Reproductive System |
| 14 | Pregnancy, Childbirth & the Puerperium |
| 15 | Newborns & Other Neonates with Conditions Originating in the Perinatal Period |
| 16 | Diseases & Disorders of Blood, Blood Forming Organs, and Immunological Disorders |
| 17 | Myeloproliferative Diseases & Disorders, and Poorly Differentiated Neoplasm |
| 18 | Infectious & Parasitic Diseases, Systemic Or Unspecified Sites |
| 19 | Mental Diseases & Disorders |
| 20 | Alcohol/Drug Use & Alcohol/Drug Induced Organic Mental Disorders |
| 21 | Injuries, Poisonings & Toxic Effects Of Drugs |
| 22 | Burns |
| 23 | Factors Influencing Health Status & Other Contacts With Health Services |
| 24 | Human Immunodeficiency Infections |
| 25 | Multiple Significant Trauma |